

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH				ARIZONA STATE BOARD OF HEALTH			
BUREAU OF VITAL STATISTICS				State Index No. <u>111</u>			
ORIGINAL CERTIFICATE OF BIRTH				Co. Register No. <u>177</u>			
County of <u>Gila</u>				Local Registrar's No. _____			
District of <u>Globe</u>				(No. _____ St. _____ Ward _____)			
Town of _____ or City of <u>Globe</u>							
FULL NAME OF CHILD <u>Katherine Neefs</u>				Born <u>YES</u> Alive <u>NO</u>			
If child is not named, make Supplemental Report on blank obtainable from local registrar.							
Sex of Child <u>Fr</u>	Twin, Triplet or other <u>NO</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>June 13</u>	191 <u>4</u>	
Full Name <u>C. H. Neefs</u>				Full Maiden Name <u>Hattie Dawson</u>			
Residence <u>Cedar St</u>				Residence <u>Cedar St</u>			
Color or Race <u>W</u>		Age at last Birthday <u>32</u>		Color or Race <u>W</u>		Age at last Birthday <u>25</u>	
Birthplace <u>N. Y.</u>				Birthplace <u>Tex</u>			
Occupation <u>Bank Clerk</u>				Occupation <u>Housewife</u>			
Number of child of this mother <u>1</u>		Number of children, of this mother, now living <u>1</u>		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of above child; and that it occurred on June 13, 1914, at 6 A. M.

{ \*When there is no attending physician or midwife, then the householder should make this return.

(Signature) [Signature]  
(Attending physician, midwife, householder.)\*

Given or christian name added from a supplemental report \_\_\_\_\_ 1914

Address Globe

Filed June 16 1914 B. G. Gray LOCAL REGISTRAR.

262-613-845  
COUNTY REGISTRAR.

Filed June 20 1914 A True Copy B. G. Gray Ill. D. COUNTY REGISTRAR.